## PIZOONIN

(Re	questor's Name)	
(Address)		
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000280066410

01/08/16--01001--005 \*\*35.00

JAN 12 2016

K. WHILE

16 JAN -8 AM 6: II

かかまからない 事業事まない

## TRÅNSMITTAL LETTER

Division of Corporations
SUBJECT: NE GARGO INC. (Name of Corporation)
DOCUMENT NUMBER: P12000077417
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Culler MO CONZALEZ. (Name of Person)
(Name of Firm/Company)
4913 Sable Pine Circle 926F.
West Paliu Bh, Fl. 33417 (City/State and Zip Code)
For further information concerning this matter, please call:
GUILETHO TONZAICZ at (800) 331 5663 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CONCINO GONZOLEZ, hereby resign as PDT. (Title)
of N& C ARGO NC (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida'
Gomula A (Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 SECRETARY OF STATE